

PRIMARY CARE

Doctors Office Visits And Prescription Drug Benefits

Pre-existing Conditions Covered After 12 Months

Guaranteed Issue Thru Age 64 For You And Your Family Members

Choose Any Doctor – No Network Restrictions

Pays In Addition To All Other Insurance
(Except Worker's Compensation)

Maternity Covered Same As Sickness

No Deductible • \$15 Outpatient Copayments

Hospital Indemnity Policy



OFFERED EXCLUSIVELY BY:

UNITED BENEFITS GROUP INC.

6705 East 81 st Street, Suite 190 Tulsa, Oklahoma 74133
(866) 423-0601 (918) 523-0601

Underwritten By: Universal Fidelity Life Insurance Company
Duncan, Oklahoma

PRIMARY CARE

PRIMARY CARE

PRIMARY CARE - Hospital Confinement Indemnity Benefit

\$ 30 Per Day For Each Day. Begins 1st Day. Payable Up to 365 Days Each Confinement.

PRIMARY CARE - Doctors Office Treatment For Sickness Or Injury

Benefits Payable For Treatment In Physician's Office or Clinic.

Maximum Of 1 VISIT Per Day For Each Insured.

\$ 15.00 - Your Copayment For Each Visit

\$ 15.00 - Your Copayment For X-Rays and/or Lab Tests During Visit

\$ 15.00 - Your Copayment For Miscellaneous Physician Charges During Visit

After Your Copayment(s) We Pay the Balance of Charges, Up to a Maximum Benefit of \$150.00 Per Visit. Up to 3 Visits Per Month for Each Insured.

Calendar Year Maximum Benefit for Each Insured is \$ 1,000.00.

PRIMARY CARE - Preventive Benefits - NO COPAYMENT

MAMMOGRAM SCREENING - In Physician's Office, Clinic or Hospital

Outpatient Facility - We Pay Actual Charges, Up to Maximum Benefit of \$115, for:

One Mammogram Between Ages 35 and 39;

One Mammogram Annually Beginning at Age 40.

IMMUNIZATION - For Dependent Children through 18. We Pay Actual Charges for Routine Immunizations in Physicians Office, Clinic or Hospital Outpatient Facility.

PRIMARY CARE - Prescriptions Drug Benefits for Covered Prescription

Drug Copayment is Per Prescription and Refill.

GENERIC DRUGS - Your Copayment is \$15.00. We Pay the Balance

NAME-BRAND DRUGS

If Generic Not Available: Your Copayment is \$15.00 Plus 50% of Balance. We Pay Remaining 50% of the Balance.

If Generic is Available: Your Copayment is \$25.00 Plus 100% of Difference Between Generic and Name-Brand Drug Cost. We Pay Balance of Generic Drug Cost.

Up to \$500.00 Maximum Benefit Each Insured Each Calendar Year.

Universal Fidelity Life Insurance Company

Administrative Office: 407 Briarwood Drive, Suite 201 • Jackson, Mississippi 39206

Telephone 800-800-1397

HOSPITAL INDEMNITY POLICY WITH OUTPATIENT AND PRESCRIPTION DRUG BENEFITS REQUIRED OUTLINE OF COVERAGE (FORM UF-PRIMCARE)

1. READ YOUR POLICY AND CERTIFICATE CAREFULLY. This outline of coverage provides a very brief description of some of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY AND CERTIFICATE CAREFULLY!**

2. The policy is designed to provide you with a daily benefit for hospital confinement and benefits for outpatient medical expenses and prescription drug expenses. Coverage is provided for the benefits outlined in Paragraph 3. The benefits described in Paragraph 3 may be limited by Paragraph 4. **THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.**

3. BENEFITS - EACH INSURED PERSON

A. HOSPITAL CONFINEMENT - For an Insured's covered hospital confinement of at least 24 hours, a Daily Benefit of \$30 is paid for each day of hospital confinement. Begins with 1st day. Payable for up to 365 days each hospital confinement. The Daily Benefit is payable for a minimum of: 2 days following mastectomy; 1 day following a lymph node dissection; 48 hours following an uncomplicated vaginal delivery; and 96 hours following an uncomplicated delivery by cesarean section.

B. OUTPATIENT - (1) Physician's Office or Clinic For medical evaluation, examination and/or treatment. Copayment and benefits are: (a) Physician's Visit Charge -100% after the Insured Person's Co payment of \$15.00 per visit; (b) Diagnostic Tests/X-Rays -100% after the Insured Person's Co payment of \$15.00 per visit. (c) Other Service/Treatment Charges -100% after the Insured Person's Copayment of \$15.00 per visit. For each Insured, maximum of 3 visits per calendar month; maximum benefit for each day is \$150.00 and maximum benefit each calendar year is \$1,000.00. Not payable for expenses incurred in hospital emergency room. (2) Hospital Outpatient Diagnostic Tests: For diagnostic tests in hospital outpatient department. Benefit is 100% after the Insured's Copayment of \$100 per day. Maximum benefit for each Insured each calendar year is \$500.00. (3) Preventive Care (No Copayment). Benefits are 100% for: (a) Low-dose mammography screening for female Insureds; one screening from age 35 through 39; one annually at age 40 or older. Maximum benefit per screening is \$115.00; (b) Childhood Immunizations for Covered Dependents to age 18: diphtheria; hemophilus influenzae type B; hepatitis A; hepatitis B; measles; mumps; pertussis; polio; rubella; tetanus; varicella or other immunizations required by law.

C. OUTPATIENT PRESCRIPTION DRUGS - For outpatient prescription drugs dispensed by a pharmacist upon written prescription of physician or lawful prescriber. Maximum benefit each calendar year is \$500 for each Insured. Copayment and benefits are:

<u>Covered Expenses</u>	<u>Copayment (Per Prescription Refill)</u>	<u>Benefit Amount</u>
Generic Drugs	\$15.00	Balance after Copayment
Non-Generic Drugs (If Generic Not Available)	\$15.00 plus 50% of balance for the Non-Generic Drug	50% of balance for the Non-Generic Drug after Copayment
Non-Generic Drugs (If Generic is Available)	\$25.00 Plus difference in Cost Between Generic and Non-Generic	Balance of Generic Drug cost after Copayment

Benefits are administered through a plastic I.D. card provided to the Insured. An Insured: (a) presents I.D. card and prescription to a Participating Pharmacy; (b) pays the Copayment Amount; (c) receives the prescription. If filled through a non-participating pharmacy, a direct reimbursement claim form must be completed.

Continued on back...

HOSPITAL INDEMNITY POLICY WITH OUTPATIENT AND PRESCRIPTION DRUG BENEFITS
REQUIRED OUTLINE OF COVERAGE (Continued)

.....

Covered prescription drug expenses include: (a) Legend Drugs - meaning any medical substance which is required under Federal Food Drug and Cosmetic Act to bear the legend, "Caution: Federal Law prohibits dispensing without a prescription"; or (b) compound medication of which at least one ingredient is a prescription legend drug; or (c) any other drug which under state law can only be dispensed upon the written prescription of a physician or other lawful prescriber.

No prescription drug benefits are payable for (a) drugs or medicines that do not require a physician's prescription; (b) contraceptives, except oral; (c) Non-Legend drugs; (d) administration or injection of any drug; (e) therapeutic devices or appliances, support garments, other non-medical substances; (f) anti-wrinkle agents, dermatological, hair growth stimulants or other drugs for cosmetic use; (g) fertility agents or drugs for sexual dysfunction or impotence; (h) drugs labeled "Caution: limited by Federal Law to investigational use," or experimental drugs; (i) immunization agents, blood, blood products; (j) medication taken while a patient is in a Hospital, rest home, extended care facility, convalescent hospital, nursing home or similar institution which operates a facility for dispensing pharmaceuticals; (k) any refill in excess of the number prescribed or dispensed after 1 year from the original order; (l) any quantity in excess of a 30 day supply, except for migraine which is limited to a 3 day supply; (m) drugs or medicines for Pre-Existing Conditions during the first 12 months after the Effective Date; (n) any prescription which can be received without charge under any Worker's Compensation Laws; (o) anorectics, drugs for weight loss, dietary products or nutritional supplements; (p) toxoids or vaccines; (q) biologicals or anabolic steroids; (r) immuno-suppressive agents; (s) acne medications at age 26 or older; (t) growth hormones or vitamins unless prenatal vitamins; (u) psychotherapeutic agents, except medication for ADD or ADHD; (v) drugs or medicines for treatment of conditions named in Exclusions Provision of the Policy.

4. LIMITATIONS AND EXCLUSIONS. READ CAREFULLY

The policy covers loss due to injury sustained and sickness first manifesting itself on and after the effective date. Pre-existing conditions are not covered for the first 12 months after the effective date. NO BENEFITS ARE PAYABLE FOR: (a) dental treatment unless caused by injury to sound natural teeth; (b) war or any act of war while serving in the military service or units auxiliary thereto; (c) intentional self-inflicted injury, suicide or attempted suicide; (d) drug addiction or sickness or injury due to use of narcotics, unless administered on and according to physician's advice; (e) cosmetic or reconstructive surgery, except: (1) to repair disfigurement resulting from Covered Injury; or (2) breast reconstruction incident to mastectomy, (3) to correct congenital disorder or anomaly of a covered newborn child; (f) weight reduction or weight control or nutritional counseling or food supplements; (g) any Loss for which Worker's Compensation or Employer's Liability or Occupational Disease Benefits are payable; (h) participation in a riot or insurrection; (i) routine well-baby care, except as provided for Covered Dependents; (j) elective abortion or elective procedure or treatment including sterilization, sterilization reversals, sexual transformations or sexual dysfunctions; (k) alcoholism; (l) aviation, except as a fare-paying passenger on a regularly scheduled flight on a commercial airline; (m) services performed by an Insured or family member; (n) Mental or Nervous Disorders without demonstrable organic disease; (o) services not Medically Necessary, including invitro-fertilization or other assisted reproduction; (p) treatment or services which are experimental or investigational or which are not approved by the American Medical Association; (q) charges incurred outside the U.S. if an Insured traveled to the location to receive medical services or drugs; (r) sleep disorders, including sleep apnea, or complications therefrom; (s) care or treatment if no charges are required to be paid, except Medicaid; (t) expenses which exceed the Usual and Customary Charge or expenses which are not Covered Expenses; (u) eye glasses, hearing aids or the examination for the prescription or fitting of them, radial keratotomy or any eye surgery to correct refractive defects; (v) commission of or attempt to commit a felony; (w) being engaged in an illegal occupation. Spouse's coverage terminates following divorce unless conversion privilege is exercised. Dependent children and/or grandchildren are covered to age 22 or marriage, whichever occurs first.

5. RENEWABILITY

This policy is renewable at the option of the Company. Premiums are subject to change. There is a grace period of 31 days in which to pay premiums after the initial premium; unless, at least 30 days before the premium due date, the Company mails the Insured notice of its intention not to renew.

DISCLOSURE OF LIMITED AGENT AUTHORITY

Your application was taken by a soliciting agent whose authority is limited only to providing you with an outline of coverage and an application, assisting you, if necessary, in filling out the application and then transmitting your application to the administrative office. Your agent does not have the authority to waive a complete answer to any question on your application, or to approve insurability, nor the authority to make or alter any provisions of the outline of coverage, application or policy. Your agent does not have the authority to waive any rights of the company and you will not be insured until a policy is actually issued by the company. The making of an application does not guarantee your insurability and does not mean that you are insured by the company.